

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IN. NO.	DEP.	IN. NO.	DEP.	IN. NO.	DEP.
1	1					
2		1				
3						
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49						
50						
TOTAL IN.	3					
TOTAL DEP.	170					
TOTAL	20					

61						
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99						
100						
TOTAL IN.						
TOTAL DEP.						
TOTAL	20					